



Email Address: \_\_\_\_\_

CITY OF MOUNTAIN VIEW

## **Tween Time Program Registration Form**

*To register, please complete the following, and return to the front office at Graham Middle School or to Tween Time staff.*

**Please print all information. Incomplete forms cannot be processed.**

PARTICIPANT'S NAME First and Last	BIRTHDATE MM/DD/YY	SEX M/F	ENTERING GRADE

PARENT OR REGISTERING ADULT \_\_\_\_\_ Parent ☐ Legal Guardian

Address \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_

### **Emergency Information**

**Person(s) to contact in case of emergency other than the parent/guardian or registrant listed above:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ phone (\_\_\_\_\_) \_\_\_\_\_

Are the above named authorized to pick up your child from Recreation programs? Yes \_\_\_\_\_ No \_\_\_\_\_

**Is participant taking or on any medication?** No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list: \_\_\_\_\_

**Does participant have any allergies?** No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please list: \_\_\_\_\_

**Please list any special needs, health concerns, or suggestions to assist program staff with your child:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Signing Out Permission - Please initial one line below**

\_\_\_\_\_ I will sign out my son/daughter each day.

\_\_\_\_\_ My son/daughter is allowed to sign out on his/her own for the reasons of walking, riding home or after school sports/activities.

*\* Participants signing out early must immediately leave Graham, and may not linger around campus.*

**WAIVER AND RELEASE:** In consideration of participation in a class or activity offered by the Recreation Division of the City of Mountain View, I, the below signed, agree to indemnify and hold the City of Mountain View harmless and hereby waive, release and discharge any and all claims for loss or damage, death, personal injury, bodily injury or property damage which I may have or which hereinafter may accrue to me against the City of Mountain View, its City Council, employees, agents and volunteers for any liability arising out of, or connected in any way with, my participation in this class or activity, even though that liability may arise out of negligence or carelessness on the part of the person or entities mentioned above. I understand that accidents and injuries can arise from participation in this class or activity; knowing the risks, nevertheless, I hereby agree to assume those risks on behalf of myself, my heirs and assigns and to release and to hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me (or my heirs or assigns) for damages. It is further understood and agreed that this waiver, release and assumption of risks has been freely entered into and is to be binding on me and on my heirs and assigns. I have read and agree to the registration and program policies. Further, I agree and grant the City of Mountain View permission to use my and/or my child's photograph or likeness, or that of a pet or personal property, for promotional use in any City-related media. By my signature below, I acknowledge that I have read this document and understand its contents.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_